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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | | |
|---|------------------------|--------------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/735,546 |
| | Filing Date | 12/12/2003 |
| | First Named Inventor | Thomas J. Crowell ET AL. |
| | Art Unit | 3748 |
| | Examiner Name | ESHETE, ZELELEM |
| Total Number of Pages in This Submission | Attorney Docket Number | 03-149 |

ENCLOSURES (Check all that apply)

| | | |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosures(s) (please identify below): (1) Petition to Revive - Unintentional (2) Issue Fee |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

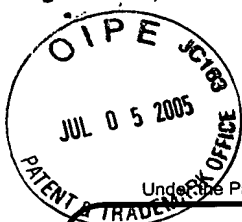
| | |
|-------------------------|--|
| Firm or Individual name | Diana L. Charlton, Registration No. 36,103 |
| Signature | |
| Date | June 27, 2005 |

CERTIFICATE OF MAILING

| | | |
|---|-------------------|--------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope address to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on this date: 06/27/2005 | | |
| Typed or printed name | Diana L. Charlton | |
| Signature | | Date 6/27/05 |

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 37 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (05-03)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2003

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 3,170

Complete if Known

| | |
|----------------------|--------------------------|
| Application Number | 10/735,546 |
| Filing Date | 12/12/2003 |
| First Named Inventor | Thomas J. Crowell ET AL. |
| Examiner Name | ESHETE, ZELELEM |
| Art Unit | 3748 |
| Attorney Docket No. | 03-149 |

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None☒ Deposit Account

Deposit

Account

Number

03-1129

Deposit

Account

Name

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments☐ Charge any additional fee(s) or any underpayment of fee(s)☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.**FEE CALCULATION****1. BASIC FILING FEE**

| Large Entity | Small Entity | Fee Description | Fee Paid |
|--------------|--------------|------------------------|----------|
| Fee Code | Fee Code | | |
| 1001 790 | 2001 385 | Utility filing fee | |
| 1002 350 | 2002 170 | Design filing fee | |
| 1003 530 | 2003 265 | Plant filing fee | |
| 1004 790 | 2004 385 | Reissue filing fee | |
| 1005 160 | 2005 80 | Provisional filing fee | |

SUBTOTAL (1) (\$) 0

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

| Total Claims | Extra Claims | Fee from below | Fee Paid |
|--------------------|--------------|----------------|----------|
| 20 | | | |
| 25 -20** = | 0 | 50 | 0 |
| Independent Claims | 3 -3** = | 0 | 0 |
| Multiple Dependent | 3 | | |

| Large Entity | Small Entity | Fee Description |
|--------------|--------------|--|
| Fee Code | Fee Code | |
| 1202 18 | 2002 9 | Claims in excess of 20 |
| 1201 88 | 2001 43 | Independent claims in excess of 3 |
| 1203 290 | 2203 145 | Multiple dependent claim, if not paid |
| 1204 88 | 2204 43 | **Reissue independent claims over original patent |
| 1205 18 | 2205 9 | ** Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2) (\$) 0

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity | Small Entity

| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description | Fee Paid |
|-------------|----------|-------------|----------|--|----------|
| 1051 130 | | 2051 65 | | Surcharge - late filing fee or oath | |
| 1052 50 | | 2052 25 | | Surcharge - late provisional filing fee or cover sheet | |
| 1053 130 | | 1053 130 | | Non-English specification | |
| 1812 2,520 | | 1812 2,520 | | For filing a request for ex parte reexamination | |
| 1804 920* | | 1804 920* | | Requesting publication of SIR prior to Examiner action | |
| 1805 1,840* | | 1805 1,840* | | Requesting publication of SIR after Examiner action | |
| 1251 110 | | 2251 55 | | Extension for reply within first month | |
| 1252 430 | | 2252 210 | | Extension for reply within second month | |
| 1253 980 | | 2253 475 | | Extension for reply within third month | |
| 1254 1,530 | | 2254 740 | | Extension for reply within fourth month | |
| 1255 2,080 | | 2255 1,005 | | Extension for reply within fifth month | |
| 1401 340 | | 2401 165 | | Notice of Appeal | |
| 1402 340 | | 2402 165 | | Filing a brief in support of an appeal | |
| 1403 300 | | 2403 145 | | Request for oral hearing | |
| 1451 1,510 | | 1451 1,510 | | Petition to institute a public use proceeding | |
| 1452 110 | | 2452 55 | | Petition to revive - unavoidable | |
| 1453 1,370 | | 2453 665 | | Petition to revive - unintentional | 1,500 |
| 1501 1,370 | | 2501 665 | | Utility issue fee (or reissue) | 1,670 |
| 1502 490 | | 2502 240 | | Design issue fee | |
| 1503 660 | | 2503 320 | | Plant issue fee | |
| 1460 130 | | 1460 130 | | Petitions to the Commissioner | |
| 1807 50 | | 1807 50 | | Processing fee under 37 CFR 1.17(q) | |
| 1806 180 | | 1806 180 | | Submission of Information Disclosure Stmt | |
| 8021 40 | | 8021 40 | | Recording each patent assignment per property (times number of properties) | |
| 1809 790 | | 2809 385 | | Filing a submission after final rejection (37 CFR 1.129(a)) | |
| 1810 790 | | 2810 385 | | For each additional invention to be examined (37 CFR 1.129(b)) | |
| 1801 790 | | 2801 385 | | Request for Continued Examination (RCE) | |
| 1802 900 | | 1802 900 | | Request for expedited examination of a design application | |

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 3,170

SUBMITTED BY

(Complete (if applicable))

| | | | | | |
|-------------------|-------------------|-----------------------------------|---------|-----------|----------------|
| Name (Print/Type) | Diana L. Charlton | Registration No. (Attorney/Agent) | 36,103 | Telephone | (309) 675-5083 |
| Signature | | Date | 6/27/05 | | 06/27/2005 |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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